

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000447

FILED
Apr 09, 2007
Secretary of State

Entity Name: OX BOTTOM GARDENS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3220292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN L
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: RUDD, LEY
Address: 176 SUGAR PLUM
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: FOSTER, JOHN
Address: 208 BAXTER
City-St-Zip: TALLAHASSEE, FL 32312

Title: DT () Delete
Name: TYRRELL, SHARON
Address: 200 SUGAR PLUM
City-St-Zip: TALLAHASSEE, FL 32312

Title: DP () Delete
Name: MICHAELS, SUSAN
Address: 210 BAXTER COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: DS () Delete
Name: SUNDIN, CHERYL
Address: 133 LOVE RIDGE CT.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: DINGER, BOB
Address: 176 SUGAR PLUM
City-St-Zip: TALLAHASSEE, FL 32312

Title: DP (X) Change () Addition
Name: MILLER, NORA
Address: 5978 LOVE RIDGE RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: MICHAELS, THOMAS
Address: 210 BAXTER COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: DACP (X) Change () Addition
Name: SUNDIN, MIKE
Address: 133 LOVE RIDGE CT.
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORA MILLER

DP

04/09/2007

Electronic Signature of Signing Officer or Director

Date